



Rep. Kathleen A. Ryg

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LRB095 08811 RCE 44850 a

1 AMENDMENT TO SENATE BILL 1409

2 AMENDMENT NO. _____. Amend Senate Bill 1409 by replacing
3 everything after the enacting clause with the following:

4 "Section 3. If and only if House Bill 656 of the 95th
5 General Assembly becomes law, the Counties Code is amended by
6 adding Section 6-34000 as follows:

7 (55 ILCS 5/6-34000 new)

8 Sec. 6-34000. Report on funds received under the Regional
9 Transportation Authority Act. If the Board of the Regional
10 Transportation Authority adopts an ordinance under Section
11 4.03 of the Regional Transportation Authority Act imposing a
12 retailers' occupation tax and a service occupation tax at the
13 rate of 0.75% in the counties of DuPage, Kane, Lake, McHenry,
14 and Will, then the County Boards of DuPage, Kane, Lake,
15 McHenry, and Will counties shall each report to the General
16 Assembly, the Regional Transportation Authority, and the

1 Commission on Government Forecasting and Accountability by
2 March 1 of the year following the adoption of the ordinance and
3 March 1 of each year thereafter. That report shall include the
4 total amounts received by the County under subsection (n) of
5 Section 4.03 of the Regional Transportation Authority Act and
6 the expenditures and obligations of the County using those
7 funds during the previous calendar year.

8 Section 5. If and only if House Bill 656 of the 95th
9 General Assembly becomes law, the Downstate Public
10 Transportation Act is amended by changing Section 2-15.2 as
11 follows:

12 (30 ILCS 740/2-15.2)

13 Sec. 2-15.2. Notwithstanding any law to the contrary, no
14 later than 60 days following the effective date of this
15 amendatory Act of the 95th General Assembly, all ~~any~~ fixed
16 route public transportation services provided by, or under
17 grant or purchase of service contracts of, every participant,
18 as defined in Section 2-2.02 ~~(1)(a)~~, shall be provided without
19 charge to all eligible beneficiaries under Section 4(h) of the
20 Senior Citizens and Disabled Persons Property Tax Relief and
21 Pharmaceutical Assistance Act ~~senior citizen residents of the~~
22 ~~participant aged 65 and older~~, under such procedures ~~conditions~~
23 as shall be prescribed by the participant.

24 (Source: 95HB0656enr with amv.)

1 (70 ILCS 3605/51 rep.)

2 Section 10. If and only if House Bill 656 of the 95th
3 General Assembly becomes law, the Metropolitan Transit
4 Authority Act is amended by repealing Section 51.

5 Section 15. If and only if House Bill 656 of the 95th
6 General Assembly becomes law, the Local Mass Transit District
7 Act is amended by changing Section 8.6 as follows:

8 (70 ILCS 3610/8.6)

9 Sec. 8.6. Notwithstanding any law to the contrary, no later
10 than 60 days following the effective date of this amendatory
11 Act of the 95th General Assembly, all ~~any~~ fixed route public
12 transportation services provided by, or under grant or purchase
13 of service contracts of, every District shall be provided
14 without charge to all eligible beneficiaries under Section 4(h)
15 of the Senior Citizens and Disabled Persons Property Tax Relief
16 and Pharmaceutical Assistance Act ~~senior citizens of the~~
17 ~~District aged 65 and older~~, under such procedures ~~conditions~~ as
18 shall be prescribed by the District.

19 (Source: 95HB0656enr with amv.)

20 Section 20. If and only if House Bill 656 of the 95th
21 General Assembly becomes law, the Regional Transportation
22 Authority Act is amended by changing Section 2.04 as follows:

1 (70 ILCS 3615/2.04) (from Ch. 111 2/3, par. 702.04)

2 Sec. 2.04. Fares and Nature of Service.

3 (a) Whenever a Service Board provides any public
4 transportation by operating public transportation facilities,
5 the Service Board shall provide for the level and nature of
6 fares or charges to be made for such services, and the nature
7 and standards of public transportation to be so provided that
8 meet the goals and objectives adopted by the Authority in the
9 Strategic Plan. Provided, however that if the Board adopts a
10 budget and financial plan for a Service Board in accordance
11 with the provisions in Section 4.11(b)(5), the Board may
12 consistent with the terms of any purchase of service contract
13 provide for the level and nature of fares to be made for such
14 services under the jurisdiction of that Service Board, and the
15 nature and standards of public transportation to be so
16 provided.

17 (b) Whenever a Service Board provides any public
18 transportation pursuant to grants made after June 30, 1975, to
19 transportation agencies for operating expenses (other than
20 with regard to experimental programs) or pursuant to any
21 purchase of service agreement, the purchase of service
22 agreement or grant contract shall provide for the level and
23 nature of fares or charges to be made for such services, and
24 the nature and standards of public transportation to be so
25 provided. A Service Board shall require all transportation

1 agencies with which it contracts, or from which it purchases
2 transportation services or to which it makes grants to provide
3 half fare transportation for their student riders if any of
4 such agencies provide for half fare transportation to their
5 student riders.

6 (c) In so providing for the fares or charges and the nature
7 and standards of public transportation, any purchase of service
8 agreements or grant contracts shall provide, among other
9 matters, for the terms or cost of transfers or interconnections
10 between different modes of transportation and different public
11 transportation agencies, schedules or routes of such service,
12 changes which may be made in such service, the nature and
13 condition of the facilities used in providing service, the
14 manner of collection and disposition of fares or charges, the
15 records and reports to be kept and made concerning such
16 service, for interchangeable tickets or other coordinated or
17 uniform methods of collection of charges, and shall further
18 require that the transportation agency comply with any
19 determination made by the Board of the Authority under and
20 subject to the provisions of Section 2.12b of this Act. In
21 regard to any such service, the Authority and the Service
22 Boards shall give attention to and may undertake programs to
23 promote use of public transportation and to provide coordinated
24 ticket sales and passenger information. In the case of a grant
25 to a transportation agency which remains subject to Illinois
26 Commerce Commission supervision and regulation, the Service

1 Boards shall exercise the powers set forth in this Section in a
2 manner consistent with such supervision and regulation by the
3 Illinois Commerce Commission.

4 (d) Notwithstanding any law to the contrary, no later than
5 60 days following the effective date of this amendatory Act of
6 the 95th General Assembly, each Service Board shall provide
7 without charge fixed route public transportation services
8 provided by the Service Boards, or under grant or purchase of
9 service contracts, to all eligible beneficiaries under Section
10 4(h) of the Senior Citizens and Disabled Persons Property Tax
11 Relief and Pharmaceutical Assistance Act, under such
12 procedures as shall be prescribed by the Authority.

13 (Source: 95HB0656enr.)

14 (70 ILCS 3615/3A.15 rep.)

15 (70 ILCS 3615/3B.14 rep.)

16 Section 25. If and only if House Bill 656 of the 95th
17 General Assembly becomes law, the Regional Transportation
18 Authority Act is amended by repealing Sections 3A.15 and 3B.14.

19 Section 30. If and only if House Bill 656 of the 95th
20 General Assembly becomes law, the Senior Citizens and Disabled
21 Persons Property Tax Relief and Pharmaceutical Assistance Act
22 is amended by changing Sections 3.02, 3.03, 4, 8a, and 13 and
23 by adding Section 14 as follows:

1 (320 ILCS 25/3.02) (from Ch. 67 1/2, par. 403.02)

2 Sec. 3.02.

3 "Department" means the Department on Aging ~~of Revenue~~ of
4 this State.

5 (Source: P.A. 77-2059.)

6 (320 ILCS 25/3.03) (from Ch. 67 1/2, par. 403.03)

7 Sec. 3.03.

8 "Director" means the Director of the Department on Aging
9 ~~Revenue~~ of this State.

10 (Source: P.A. 77-2059.)

11 (320 ILCS 25/4) (from Ch. 67 1/2, par. 404)

12 Sec. 4. Amount of Grant.

13 (a) In general. Any individual 65 years or older or any
14 individual who will become 65 years old during the calendar
15 year in which a claim is filed, and any surviving spouse of
16 such a claimant, who at the time of death received or was
17 entitled to receive a grant pursuant to this Section, which
18 surviving spouse will become 65 years of age within the 24
19 months immediately following the death of such claimant and
20 which surviving spouse but for his or her age is otherwise
21 qualified to receive a grant pursuant to this Section, and any
22 disabled person whose annual household income is less than the
23 income eligibility limitation, as defined in subsection (a-5)
24 and whose household is liable for payment of property taxes

1 accrued or has paid rent constituting property taxes accrued
2 and is domiciled in this State at the time he or she files his
3 or her claim is entitled to claim a grant under this Act. With
4 respect to claims filed by individuals who will become 65 years
5 old during the calendar year in which a claim is filed, the
6 amount of any grant to which that household is entitled shall
7 be an amount equal to 1/12 of the amount to which the claimant
8 would otherwise be entitled as provided in this Section,
9 multiplied by the number of months in which the claimant was 65
10 in the calendar year in which the claim is filed.

11 (a-5) Income eligibility limitation. For purposes of this
12 Section, "income eligibility limitation" means an amount:

13 (i) for grant years before the 1998 grant year, less
14 than \$14,000;

15 (ii) for the 1998 and 1999 grant year, less than
16 \$16,000;

17 (iii) for grant years 2000 through 2007:

18 (A) less than \$21,218 for a household containing
19 one person;

20 (B) less than \$28,480 for a household containing 2
21 persons; or

22 (C) less than \$35,740 for a household containing 3
23 or more persons; or

24 (iv) for grant years 2008 and thereafter:

25 (A) less than \$22,218 for a household containing
26 one person;

1 (B) less than \$29,480 for a household containing 2
2 persons; or

3 (C) less than \$36,740 for a household containing 3
4 or more persons.

5 (b) Limitation. Except as otherwise provided in
6 subsections (a) and (f) of this Section, the maximum amount of
7 grant which a claimant is entitled to claim is the amount by
8 which the property taxes accrued which were paid or payable
9 during the last preceding tax year or rent constituting
10 property taxes accrued upon the claimant's residence for the
11 last preceding taxable year exceeds 3 1/2% of the claimant's
12 household income for that year but in no event is the grant to
13 exceed (i) \$700 less 4.5% of household income for that year for
14 those with a household income of \$14,000 or less or (ii) \$70 if
15 household income for that year is more than \$14,000.

16 (c) Public aid recipients. If household income in one or
17 more months during a year includes cash assistance in excess of
18 \$55 per month from the Department of Healthcare and Family
19 Services or the Department of Human Services (acting as
20 successor to the Department of Public Aid under the Department
21 of Human Services Act) which was determined under regulations
22 of that Department on a measure of need that included an
23 allowance for actual rent or property taxes paid by the
24 recipient of that assistance, the amount of grant to which that
25 household is entitled, except as otherwise provided in
26 subsection (a), shall be the product of (1) the maximum amount

1 computed as specified in subsection (b) of this Section and (2)
2 the ratio of the number of months in which household income did
3 not include such cash assistance over \$55 to the number twelve.
4 If household income did not include such cash assistance over
5 \$55 for any months during the year, the amount of the grant to
6 which the household is entitled shall be the maximum amount
7 computed as specified in subsection (b) of this Section. For
8 purposes of this paragraph (c), "cash assistance" does not
9 include any amount received under the federal Supplemental
10 Security Income (SSI) program.

11 (d) Joint ownership. If title to the residence is held
12 jointly by the claimant with a person who is not a member of
13 his or her household, the amount of property taxes accrued used
14 in computing the amount of grant to which he or she is entitled
15 shall be the same percentage of property taxes accrued as is
16 the percentage of ownership held by the claimant in the
17 residence.

18 (e) More than one residence. If a claimant has occupied
19 more than one residence in the taxable year, he or she may
20 claim only one residence for any part of a month. In the case
21 of property taxes accrued, he or she shall prorate 1/12 of the
22 total property taxes accrued on his or her residence to each
23 month that he or she owned and occupied that residence; and, in
24 the case of rent constituting property taxes accrued, shall
25 prorate each month's rent payments to the residence actually
26 occupied during that month.

1 (f) There is hereby established a program of pharmaceutical
2 assistance to the aged and disabled which shall be administered
3 by the Department in accordance with this Act, to consist of
4 payments to authorized pharmacies, on behalf of beneficiaries
5 of the program, for the reasonable costs of covered
6 prescription drugs. Each beneficiary who pays \$5 for an
7 identification card shall pay no additional prescription
8 costs. Each beneficiary who pays \$25 for an identification card
9 shall pay \$3 per prescription. In addition, after a beneficiary
10 receives \$2,000 in benefits during a State fiscal year, that
11 beneficiary shall also be charged 20% of the cost of each
12 prescription for which payments are made by the program during
13 the remainder of the fiscal year. To become a beneficiary under
14 this program a person must: (1) be (i) 65 years of age or
15 older, or (ii) the surviving spouse of such a claimant, who at
16 the time of death received or was entitled to receive benefits
17 pursuant to this subsection, which surviving spouse will become
18 65 years of age within the 24 months immediately following the
19 death of such claimant and which surviving spouse but for his
20 or her age is otherwise qualified to receive benefits pursuant
21 to this subsection, or (iii) disabled, and (2) be domiciled in
22 this State at the time he or she files his or her claim, and (3)
23 have a maximum household income of less than the income
24 eligibility limitation, as defined in subsection (a-5). In
25 addition, each eligible person must (1) obtain an
26 identification card from the Department, (2) at the time the

1 card is obtained, sign a statement assigning to the State of
2 Illinois benefits which may be otherwise claimed under any
3 private insurance plans, and (3) present the identification
4 card to the dispensing pharmacist.

5 The Department may adopt rules specifying participation
6 requirements for the pharmaceutical assistance program,
7 including copayment amounts, identification card fees,
8 expenditure limits, and the benefit threshold after which a 20%
9 charge is imposed on the cost of each prescription, to be in
10 effect on and after July 1, 2004. Notwithstanding any other
11 provision of this paragraph, however, the Department may not
12 increase the identification card fee above the amount in effect
13 on May 1, 2003 without the express consent of the General
14 Assembly. To the extent practicable, those requirements shall
15 be commensurate with the requirements provided in rules adopted
16 by the Department of Healthcare and Family Services to
17 implement the pharmacy assistance program under Section
18 5-5.12a of the Illinois Public Aid Code.

19 Whenever a generic equivalent for a covered prescription
20 drug is available, the Department shall reimburse only for the
21 reasonable costs of the generic equivalent, less the co-pay
22 established in this Section, unless (i) the covered
23 prescription drug contains one or more ingredients defined as a
24 narrow therapeutic index drug at 21 CFR 320.33, (ii) the
25 prescriber indicates on the face of the prescription "brand
26 medically necessary", and (iii) the prescriber specifies that a

1 substitution is not permitted. When issuing an oral
2 prescription for covered prescription medication described in
3 item (i) of this paragraph, the prescriber shall stipulate
4 "brand medically necessary" and that a substitution is not
5 permitted. If the covered prescription drug and its authorizing
6 prescription do not meet the criteria listed above, the
7 beneficiary may purchase the non-generic equivalent of the
8 covered prescription drug by paying the difference between the
9 generic cost and the non-generic cost plus the beneficiary
10 co-pay.

11 Any person otherwise eligible for pharmaceutical
12 assistance under this Act whose covered drugs are covered by
13 any public program for assistance in purchasing any covered
14 prescription drugs shall be ineligible for assistance under
15 this Act to the extent such costs are covered by such other
16 plan.

17 The fee to be charged by the Department for the
18 identification card shall be equal to \$5 per coverage year for
19 persons below the official poverty line as defined by the
20 United States Department of Health and Human Services and \$25
21 per coverage year for all other persons.

22 In the event that 2 or more persons are eligible for any
23 benefit under this Act, and are members of the same household,
24 (1) each such person shall be entitled to participate in the
25 pharmaceutical assistance program, provided that he or she
26 meets all other requirements imposed by this subsection and (2)

1 each participating household member contributes the fee
2 required for that person by the preceding paragraph for the
3 purpose of obtaining an identification card.

4 The provisions of this subsection (f), other than this
5 paragraph, are inoperative after December 31, 2005.
6 Beneficiaries who received benefits under the program
7 established by this subsection (f) are not entitled, at the
8 termination of the program, to any refund of the identification
9 card fee paid under this subsection.

10 (g) Effective January 1, 2006, there is hereby established
11 a program of pharmaceutical assistance to the aged and
12 disabled, entitled the Illinois Seniors and Disabled Drug
13 Coverage Program, which shall be administered by the Department
14 of Healthcare and Family Services and the Department on Aging
15 in accordance with this subsection, to consist of coverage of
16 specified prescription drugs on behalf of beneficiaries of the
17 program as set forth in this subsection. The program under this
18 subsection replaces and supersedes the program established
19 under subsection (f), which shall end at midnight on December
20 31, 2005.

21 To become a beneficiary under the program established under
22 this subsection, a person must:

23 (1) be (i) 65 years of age or older or (ii) disabled;

24 and

25 (2) be domiciled in this State; and

26 (3) enroll with a qualified Medicare Part D

1 Prescription Drug Plan if eligible and apply for all
2 available subsidies under Medicare Part D; and

3 (4) meet the income eligibility limitation set forth in
4 subsection (a-5) of this Section ~~have a maximum household~~
5 ~~income of (i) less than \$21,218 for a household containing~~
6 ~~one person, (ii) less than \$28,480 for a household~~
7 ~~containing 2 persons, or (iii) less than \$35,740 for a~~
8 ~~household containing 3 or more persons.~~ If the any income
9 eligibility limitation ~~limit~~ set forth in subsection (a-5)
10 ~~items (i) through (iii)~~ is less than 200% of the Federal
11 Poverty Level for any year, the income eligibility
12 limitation ~~limit~~ for that year for households of that size
13 shall be income equal to or less than 200% of the Federal
14 Poverty Level.

15 All individuals enrolled as of December 31, 2005, in the
16 pharmaceutical assistance program operated pursuant to
17 subsection (f) of this Section and all individuals enrolled as
18 of December 31, 2005, in the SeniorCare Medicaid waiver program
19 operated pursuant to Section 5-5.12a of the Illinois Public Aid
20 Code shall be automatically enrolled in the program established
21 by this subsection for the first year of operation without the
22 need for further application, except that they must apply for
23 Medicare Part D and the Low Income Subsidy under Medicare Part
24 D. A person enrolled in the pharmaceutical assistance program
25 operated pursuant to subsection (f) of this Section as of
26 December 31, 2005, shall not lose eligibility in future years

1 due only to the fact that they have not reached the age of 65.

2 To the extent permitted by federal law, the Department may
3 act as an authorized representative of a beneficiary in order
4 to enroll the beneficiary in a Medicare Part D Prescription
5 Drug Plan if the beneficiary has failed to choose a plan and,
6 where possible, to enroll beneficiaries in the low-income
7 subsidy program under Medicare Part D or assist them in
8 enrolling in that program.

9 Beneficiaries under the program established under this
10 subsection shall be divided into the following 5 eligibility
11 groups:

12 (A) Eligibility Group 1 shall consist of beneficiaries
13 who are not eligible for Medicare Part D coverage and who
14 are:

15 (i) disabled and under age 65; or

16 (ii) age 65 or older, with incomes over 200% of the
17 Federal Poverty Level; or

18 (iii) age 65 or older, with incomes at or below
19 200% of the Federal Poverty Level and not eligible for
20 federally funded means-tested benefits due to
21 immigration status.

22 (B) Eligibility Group 2 shall consist of beneficiaries
23 otherwise described in Eligibility Group 1 but who are
24 eligible for Medicare Part D coverage.

25 (C) Eligibility Group 3 shall consist of beneficiaries
26 age 65 or older, with incomes at or below 200% of the

1 Federal Poverty Level, who are not barred from receiving
2 federally funded means-tested benefits due to immigration
3 status and are eligible for Medicare Part D coverage.

4 (D) Eligibility Group 4 shall consist of beneficiaries
5 age 65 or older, with incomes at or below 200% of the
6 Federal Poverty Level, who are not barred from receiving
7 federally funded means-tested benefits due to immigration
8 status and are not eligible for Medicare Part D coverage.

9 If the State applies and receives federal approval for
10 a waiver under Title XIX of the Social Security Act,
11 persons in Eligibility Group 4 shall continue to receive
12 benefits through the approved waiver, and Eligibility
13 Group 4 may be expanded to include disabled persons under
14 age 65 with incomes under 200% of the Federal Poverty Level
15 who are not eligible for Medicare and who are not barred
16 from receiving federally funded means-tested benefits due
17 to immigration status.

18 (E) On and after January 1, 2007, Eligibility Group 5
19 shall consist of beneficiaries who are otherwise described
20 in Eligibility Groups 2 and 3 who have a diagnosis of HIV
21 or AIDS.

22 The program established under this subsection shall cover
23 the cost of covered prescription drugs in excess of the
24 beneficiary cost-sharing amounts set forth in this paragraph
25 that are not covered by Medicare. In 2006, beneficiaries shall
26 pay a co-payment of \$2 for each prescription of a generic drug

1 and \$5 for each prescription of a brand-name drug. In future
2 years, beneficiaries shall pay co-payments equal to the
3 co-payments required under Medicare Part D for "other
4 low-income subsidy eligible individuals" pursuant to 42 CFR
5 423.782(b). For individuals in Eligibility Groups 1, 2, 3, and
6 4, once the program established under this subsection and
7 Medicare combined have paid \$1,750 in a year for covered
8 prescription drugs, the beneficiary shall pay 20% of the cost
9 of each prescription in addition to the co-payments set forth
10 in this paragraph. For individuals in Eligibility Group 5, once
11 the program established under this subsection and Medicare
12 combined have paid \$1,750 in a year for covered prescription
13 drugs, the beneficiary shall pay 20% of the cost of each
14 prescription in addition to the co-payments set forth in this
15 paragraph unless the drug is included in the formulary of the
16 Illinois AIDS Drug Assistance Program operated by the Illinois
17 Department of Public Health. If the drug is included in the
18 formulary of the Illinois AIDS Drug Assistance Program,
19 individuals in Eligibility Group 5 shall continue to pay the
20 co-payments set forth in this paragraph after the program
21 established under this subsection and Medicare combined have
22 paid \$1,750 in a year for covered prescription drugs.

23 For beneficiaries eligible for Medicare Part D coverage,
24 the program established under this subsection shall pay 100% of
25 the premiums charged by a qualified Medicare Part D
26 Prescription Drug Plan for Medicare Part D basic prescription

1 drug coverage, not including any late enrollment penalties.
2 Qualified Medicare Part D Prescription Drug Plans may be
3 limited by the Department of Healthcare and Family Services to
4 those plans that sign a coordination agreement with the
5 Department.

6 Notwithstanding Section 3.15, for purposes of the program
7 established under this subsection, the term "covered
8 prescription drug" has the following meanings:

9 For Eligibility Group 1, "covered prescription drug"
10 means: (1) any cardiovascular agent or drug; (2) any
11 insulin or other prescription drug used in the treatment of
12 diabetes, including syringe and needles used to administer
13 the insulin; (3) any prescription drug used in the
14 treatment of arthritis; (4) any prescription drug used in
15 the treatment of cancer; (5) any prescription drug used in
16 the treatment of Alzheimer's disease; (6) any prescription
17 drug used in the treatment of Parkinson's disease; (7) any
18 prescription drug used in the treatment of glaucoma; (8)
19 any prescription drug used in the treatment of lung disease
20 and smoking-related illnesses; (9) any prescription drug
21 used in the treatment of osteoporosis; and (10) any
22 prescription drug used in the treatment of multiple
23 sclerosis. The Department may add additional therapeutic
24 classes by rule. The Department may adopt a preferred drug
25 list within any of the classes of drugs described in items
26 (1) through (10) of this paragraph. The specific drugs or

1 therapeutic classes of covered prescription drugs shall be
2 indicated by rule.

3 For Eligibility Group 2, "covered prescription drug"
4 means those drugs covered for Eligibility Group 1 that are
5 also covered by the Medicare Part D Prescription Drug Plan
6 in which the beneficiary is enrolled.

7 For Eligibility Group 3, "covered prescription drug"
8 means those drugs covered by the Medicare Part D
9 Prescription Drug Plan in which the beneficiary is
10 enrolled.

11 For Eligibility Group 4, "covered prescription drug"
12 means those drugs covered by the Medical Assistance Program
13 under Article V of the Illinois Public Aid Code.

14 For Eligibility Group 5, for individuals otherwise
15 described in Eligibility Group 2, "covered prescription
16 drug" means: (1) those drugs covered for Eligibility Group
17 2 that are also covered by the Medicare Part D Prescription
18 Drug Plan in which the beneficiary is enrolled; and (2)
19 those drugs included in the formulary of the Illinois AIDS
20 Drug Assistance Program operated by the Illinois
21 Department of Public Health that are also covered by the
22 Medicare Part D Prescription Drug Plan in which the
23 beneficiary is enrolled. For Eligibility Group 5, for
24 individuals otherwise described in Eligibility Group 3,
25 "covered prescription drug" means those drugs covered by
26 the Medicare Part D Prescription Drug Plan in which the

1 beneficiary is enrolled.

2 An individual in Eligibility Group 1, 2, 3, 4, or 5 may opt
3 to receive a \$25 monthly payment in lieu of the direct coverage
4 described in this subsection.

5 Any person otherwise eligible for pharmaceutical
6 assistance under this subsection whose covered drugs are
7 covered by any public program is ineligible for assistance
8 under this subsection to the extent that the cost of those
9 drugs is covered by the other program.

10 The Department of Healthcare and Family Services shall
11 establish by rule the methods by which it will provide for the
12 coverage called for in this subsection. Those methods may
13 include direct reimbursement to pharmacies or the payment of a
14 capitated amount to Medicare Part D Prescription Drug Plans.

15 For a pharmacy to be reimbursed under the program
16 established under this subsection, it must comply with rules
17 adopted by the Department of Healthcare and Family Services
18 regarding coordination of benefits with Medicare Part D
19 Prescription Drug Plans. A pharmacy may not charge a
20 Medicare-enrolled beneficiary of the program established under
21 this subsection more for a covered prescription drug than the
22 appropriate Medicare cost-sharing less any payment from or on
23 behalf of the Department of Healthcare and Family Services.

24 The Department of Healthcare and Family Services or the
25 Department on Aging, as appropriate, may adopt rules regarding
26 applications, counting of income, proof of Medicare status,

1 mandatory generic policies, and pharmacy reimbursement rates
2 and any other rules necessary for the cost-efficient operation
3 of the program established under this subsection.

4 (h) There is hereby established a program to provide public
5 transportation without charge on any fixed route in the State,
6 which shall be administered by the Department in accordance
7 with this Act. To become a beneficiary under this program a
8 person must: (1) be (i) 65 years of age or older, or (ii) the
9 surviving spouse of such a claimant, who at the time of death
10 received or was entitled to receive benefits pursuant to this
11 subsection, which surviving spouse will become 65 years of age
12 within the 24 months immediately following the death of such
13 claimant and which surviving spouse but for his or her age is
14 otherwise qualified to receive benefits pursuant to this
15 subsection, or (iii) disabled, and (2) be domiciled in this
16 State at the time he or she files his or her claim, and (3) meet
17 the income eligibility limitation as set forth in subsection
18 (a-5) of this Section. Once eligibility has been established,
19 the Department must send a document indicating the
20 beneficiary's eligibility for this program. The document,
21 along with a state-issued photo identification card, shall
22 serve as proof of eligibility. Within 60 days after the
23 effective date of this amendatory Act of the 95th General
24 Assembly, the Department must send the document to all eligible
25 recipients of the program for the current claim year.

26 (Source: P.A. 94-86, eff. 1-1-06; 94-909, eff. 6-23-06; 95-208,

1 eff. 8-16-07; 95-644, eff. 10-12-07; revised 10-25-07.)

2 (320 ILCS 25/8a) (from Ch. 67 1/2, par. 408.1)

3 Sec. 8a. Confidentiality.

4 (a) Except as otherwise provided in this Act all
5 information received by the Department from claims filed under
6 this Act, or from any investigation conducted under the
7 provisions of this Act, shall be confidential, except for
8 official purposes within the Department or pursuant to official
9 procedures for collection of any State tax or enforcement of
10 any civil or criminal penalty or sanction imposed by this Act
11 or by any statute imposing a State tax, and any person who
12 divulges any such information in any manner, except for such
13 purposes and pursuant to order of the Director or in accordance
14 with a proper judicial order, shall be guilty of a Class A
15 misdemeanor.

16 (b) Nothing contained in this Act shall prevent the
17 Director from publishing or making available reasonable
18 statistics concerning the operation of the grant programs
19 contained in this Act wherein the contents of claims are
20 grouped into aggregates in such a way that information
21 contained in any individual claim shall not be disclosed.

22 (c) The Department shall furnish to the Secretary of State
23 such information as is reasonably necessary for the
24 administration of reduced vehicle registration fees pursuant
25 to Section 3-806.3 of "The Illinois Vehicle Code".

1 (d) The Department shall furnish to any transit agency in
2 the State such information as is reasonably necessary for the
3 administration of the transit program pursuant to Section 4(h)
4 of this Act.

5 (Source: P.A. 89-399, eff. 8-20-95.)

6 (320 ILCS 25/13) (from Ch. 67 1/2, par. 413)

7 Sec. 13. The Department on Aging ~~of Revenue~~ shall maintain
8 a list of all persons who have qualified under this Act and
9 shall make the list available to municipalities upon request.

10 All information received by a municipality under this
11 Section shall be confidential, except for official purposes,
12 and any person who divulges or uses that information in any
13 manner, except in accordance with a proper judicial order,
14 shall be guilty of a Class B misdemeanor.

15 (Source: P.A. 87-247.)

16 (320 ILCS 25/14 new)

17 Sec. 14. Annual report. On or before March 1, 2009, and
18 each March 1 thereafter, the Department shall file with the
19 Governor and the General Assembly: (A) a statistical report for
20 the previous calendar year (i) concerning the utilization of
21 all benefits provided under this Act and also (ii) concerning
22 the number of applicants, the number of eligible beneficiaries,
23 the number of transit participants or districts, and the
24 utilization of the program to provide free public

1 transportation under subsection (h) of Section 4; and (B) a
2 statistical report estimating future utilization of all
3 benefits provided under this Act.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".